

**ISSUE FEE AND/OR PUBLICATION FEE TRANSMITTAL****CURRENT CORRESPONDENCE ADDRESS**

30869 7590 4/6/2009

LUMEN PATENT FIRM
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PALO ALTO, CA 94306**Certificate of Mailing or Transmission**

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop ISSUE FEE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or being facsimile transmitted to the USPTO (571) 273-2885, on the date shown below:

Patricia Shepherd (Depositor's name)

/ Patricia Shepherd / (Signature)

5/6/09 (Date)

Application No.	Filing Date	First Named Inventor	Docket No.	Confirmation No.
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10/642398	8/14/2003	Frederick Hayes-Roth	FHR-103/US	9440
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Title: HOOK-UP ASSISTANT

Appl. Type	Small Entity	Issue Fee Due	Pub. Fee Due	Prev. Paid IF	Total Fee Due	Date Due
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nonprovisional	YES	755	300	\$0	\$1055	7/6/2009
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Examiner

Art Unit

Class-SubClass

Sax, Steven Paul

2174

715/971

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363):

☐ Change of correspondence address attached.☐ "Fee address" indication attached.

2. For printing on the patent front page list firm name:

LUMEN PATENT FIRM

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT.

Unless an assignee is identified below, no assignee will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

The Hayes-Roth Family Trust

(B) RESIDENCE (City and State or Country)

Atherton, CA

Please check the appropriate assignee category/categories: ☐ Individual ☒ Corporation or Private Group Entity ☐ Government

4a. The following fee(s) are submitted:

☒ Issue Fee☒ Publication Fee☐ Advance Order - # of Copies _____

4b. Payment of fee(s):

☐ Check is enclosed☒ Payment by credit card (form is attached)☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account No. _____ (enclose extra copy)

5. Change in entity status

☐ a. Applicant claims SMALL ENTITY status☐ b. Applicant is no longer claiming SMALL ENTITY status**SIGNATURE OF APPLICANT, REGISTERED ATTORNEY, OR REGISTERED AGENT**

SIGNATURE

/ Ron Jacobs / Reg.No. 50,142

DATE

5/5/09

PRINTED NAME

Ron Jacobs

REG. NO.

50,142

05/11/2009 WABDEL3 00000036 10642398

01 FC:2501
02 FC:1504755.00 OP
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